

ROANOKE COUNTY PUBLIC LIBRARY

MEETING ROOM APPLICATION

[Application is valid for January-June or July-December.]

BRANCH: _____ DATE: _____

NAME OF ORGANIZATION: _____

PURPOSE OF MEETING: _____

REQUESTED DATE[S]: _____

TIME: _____ - _____ ESTIMATED ATTENDANCE: _____
FROM TO

THE MEETING ROOMS ARE AVAILABLE, AT A NOMINAL CHARGE, DURING THE HOURS THE LIBRARY IS OPEN TO THE PUBLIC. GROUPS ARE ASKED TO LEAVE PROMPTLY SO THE NEXT GROUP MAY USE THE ROOM. GROUPS USING THE MEETING ROOM IN THE EVENING ARE ASKED TO ADJOURN 15 MINUTES PRIOR TO THE LIBRARY'S CLOSING TIME.

NAME OF APPLICANT: _____
Last First Initial

ADDRESS: _____
Street City State Zip

PHONE: [H] _____ [W] _____ Fax: _____

E-MAIL ADDRESS: _____

I AM AN AUTHORIZED REPRESENTATIVE OF THE ORGANIZATION NAMED ABOVE. I HAVE READ AND AGREE TO COMPLY WITH THE REGULATIONS FOR THE USE OF THE ROANOKE COUNTY PUBLIC LIBRARY MEETING ROOMS. I ACCEPT RESPONSIBILITY FOR ANY DAMAGE TO LIBRARY PROPERTY AND WILL REPORT SUCH DAMAGE TO THE STAFF. I SHALL BE RESPONSIBLE FOR ASSURING THAT THE ROOM IS LEFT IN THE SAME CONDITION IN WHICH IT WAS FOUND.

SIGNATURE OF APPLICANT: _____

LIBRARY USE ONLY		
NOT-FOR-PROFIT:	COMMERCIAL:	AMT. of APPL. FEE PD: \$
APPROVED [Y/N]:	INITIALS:	DATE: